

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAS STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type or Print Clearly)							
PARTI LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
AKIBA	LORRAINE	H.	(808) 529-7300				
MAILING ADDRESS (Street)	FAX						
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293				
(City)	(State)	(Zip	(Zip Code)				
Honolulu	НІ	968	96813				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE				
McCorriston Miller Mukai MacKinnon LLP			(808) 529-7300				
MAILING ADDRESS (Street)			FAX				
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293				
(City)	(State)	(Zip	(Zip Code)				
Honolulu	Н	968	313				

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
24 Hour Fitness, USA, Inc.	(925) 543-3100			
MAILING ADDRESS (Street)	FAX			
12647 Alcosta Blvd., Suite 50	(925) 543-3200			
(City)	(State)	(Zip Code)		
San Ramon CA		94583		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE		
Joseph Freschi		(925) 543-3347		
MAILING ADDRESS (Street)		FAX		
12647 Alcosta Blvd., Suite 50	0	(925) 543-3358		
(City)	(State)	(Zip Code)		
San Ramon	CA	94583		

PART	III DESCRIPTION OF	SUBJECTS UPON WHI	CH YOU EXPECT TO LOBI	BY		
	Agriculture	Education	Human Services	X	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations	& Intergovernmental Rela International Affairs	ations, X	Tourism & Recreation	
X	Consumer Protection & Commerce	Hawalian Affairs	X Labor & Employment		Transportation	
	Culture, Arts, Historic Preservation	X Health	Planning, Land & Wate Use Management	r	Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing	Public Safety & Correct	tions		
PART	IV CERTIFICATION	OF LORRYIST				
			is, to the best of my knowle	dae correct	and complete	
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	XMMain	MIMM		JAN 10 20	UO	
	(	Signature of Lobbyist)		(Date)		
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PART NAME	V AUTHORIZATION	TO LUBB!	TITLE OF AUTHORIZING OF	FICER OR PE	RSON REPRESENTED	
IVAIVIL					NOON NEI NEOEMIED	
Joseph Freschi VP & Assistant General Counsel						
NAME	OF ORGANIZATION (if applic	able)		TELEPHON	LEPHONE	
24 Hour Fitness USA, Inc.				(925) 543	925) 543-3347	
MAILING ADDRESS (Street) FAX				FAX		
12647 Alcosta Blvd., Suite 500			(925) 543	25) 543-3358		
(	City)	(State)	(Zij	p Code)		
•	San Ramon	CA	94	<b>458</b> 3		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)						